

INDIVIDUAL VOLUNTEER SERVICES AGREEMENT

1. Name of Volunteer (Print or Type)		2. Telephone (Include Area Code)																					
3. Address (Street, City, State, Zip Code)		4. Date of Birth																					
5. Person to Notify in an Emergency		6. Relationship to Volunteer																					
7. Address (Include Zip Code)		8. Telephone (Include Area Code)																					
9. Description of Work to be Performed:																							
BOR Supervisor		Title/Position	Phone																				
<p>All of the above-described work will be noncompensable. Except as otherwise provided, I understand this service will not confer on me the status of a Federal Employee.</p> <p>I understand that either the Bureau of Reclamation or I may cancel this Agreement at any time by notifying the other party. I hereby volunteer my services as described above to assist the Bureau of Reclamation in its authorized work.</p>																							
Signature (Volunteer)		Date																					
Signature of Parent or Guardian, if Under 18 Years Of Age		Date																					
<h3>ACCEPTANCE FOR THE BUREAU OF RECLAMATION</h3> <p>The Bureau of Reclamation agrees while this arrangement is in effect to:</p> <ol style="list-style-type: none">Reimburse you for necessary incidental expenses, to the extent funds are available, as follows:<table border="0"><thead><tr><th></th><th>Yes</th><th>No</th><th></th></tr></thead><tbody><tr><td>a. Incidentals</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(Amount, If Yes) _____ Remarks: _____</td></tr><tr><td>b. Mileage</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(Rate If Yes) _____ Remarks: _____</td></tr><tr><td>c. Provide Lodging</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Remarks: _____</td></tr><tr><td>d. Other</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td></tr></tbody></table>Reimburse you for necessary expenses related to travel away from assigned duty location.Consider you as a Federal employee only for the purposes of tort claims and compensation for work injuries.Authorize you to operate a Federal motor vehicle when necessary, provided you have been issued a U.S. Government Motor Vehicle Operator's Identification Card.					Yes	No		a. Incidentals	<input type="checkbox"/>	<input type="checkbox"/>	(Amount, If Yes) _____ Remarks: _____	b. Mileage	<input type="checkbox"/>	<input type="checkbox"/>	(Rate If Yes) _____ Remarks: _____	c. Provide Lodging	<input type="checkbox"/>	<input type="checkbox"/>	Remarks: _____	d. Other	<input type="checkbox"/>	<input type="checkbox"/>	
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c. Provide Lodging	<input type="checkbox"/>	<input type="checkbox"/>	Remarks: _____																				
d. Other	<input type="checkbox"/>	<input type="checkbox"/>																					
Signature		Office																					
Title		Date																					

TERMINATION OF AGREEMENT

1. Agreement Terminated on (Month, Day, Year):

2. Signature (Volunteer Coordinator):

3. Remarks:

ACCOMPLISHMENT

Work Category	Unit of Measure	Amount Accomplished	Hours Contributed	Cost to Government	Appraised Value (Dollars)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					